

Guidelines

Training of Non-Licensed School Personnel in Medication Administration

Instructor's Manual

Updated August, 2005



**Maine Department of Education
and
School Health Advisory Committee**

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Health Education and Training Institute's "Medication Administration Course for School Personnel"

Maine Association of School Nurses, Board of Directors

Maine Lung Association

Medication Assistant Training Program for School Health Staff, Maryland State Department of Education, December 2000

National Association of School Nurses, Inc., "Quality Nursing Interventions in the School Setting: Procedures, Models, and Guidelines"

National Association of State School Nurse Consultants

Amanda Rowe, School Nurse

School Health Advisory Committee

And many others not mentioned.

For more information, contact the Maine Department of Education, School Nurse Consultant, (207) 624-6688.

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This Training's Manual is available on the School Health Manual web site
www.maine.gov/education/sh/contents.htm under Medication Administration.

INTRODUCTION

The purpose of this manual is to assist school nurses to provide training to unlicensed school staff in the administration of medication to students. There are specific rules and regulations that must be followed when administering medications in the school setting. This training is designed to provide a basic foundation for the safe medication administration and must be individualized for each school district to conform to their policies and procedures.

Your responsibility as school nurse trainer:

It is the responsibility of the certified school nurse to assure the safety and health of students. That responsibility includes developing a program for the administration of medications to students that includes policies and procedures that establish best practices in the administration of medication, whether the medication is administered by the school nurse or by trained unlicensed personnel. The certified school nurse, a registered nurse in Maine or a physician should conduct the training for unlicensed school personnel in the administration of medication. When training unlicensed school personnel to give medications, it is the school nurse's responsibility to assure that the participant is competent and comfortable in the administration of medication and can successfully demonstrate to the school nurse the appropriate methods of administering medication and knowledge of the medications given. The school nurse should observe the unlicensed personnel demonstrate their ability to administer medications both during the training session and during an actual administration of medications in the school setting. It is recommended that the latter observation occur on several occasions. It is also expected that the school nurse will review with the unlicensed personnel, the correct administration of any medications that were not presented in a training session but are to be administered by the unlicensed personnel. Periodic updates and review are essential to assure the continued competency of the unlicensed personnel.

In judging when a medication administration may be delegated to an unlicensed staff member, the Maine State Board of Nursing Rule must be considered.

- The Board of Nursing Rules, Chapter 6, allows for nursing coordination and oversight of patient care provided by unlicensed personnel.
- This rule allows for oversight of specific tasks of patient care **that do not require specialized nursing knowledge, skill or judgment.**
- Although the school nurse is not directly responsible for the actions of the unlicensed personnel, (that is the responsibility of school administration) the nurse is responsible for the school health program. Safety of the student is preeminent and the path to safety includes implementing clear policies and procedures for the administration of medication and appropriately training and overseeing the unlicensed personnel administering medication.
- The nurse's responsibility in oversight includes:
 1. identifying the needs of the patient;

2. identifying the tasks to be performed;
3. providing directions regarding those tasks;
4. determining the ability of the unlicensed personnel;
5. monitoring the unlicensed personnel's reporting and documentation of the task;
6. assuring the unlicensed personnel reports directly to the nurse for the performance of the task, and
7. evaluating the performance of the task and initiating corrective action when necessary.

Preparation for the training:

Materials needed for the training are:

1. School district policy for medication administration.
2. School emergency manual/procedures.
3. Developed scenarios for interactive participation.
4. Anatomy charts for GI, ENT, and eye (optional).
5. Practice medication log sheets/student records for charting.
6. List of commonly used medications in your school.
7. Medicine bottles with edible ingredients (ex. M&M's). Medicine bottles with dropper to simulate medicine for ear and eye. Inhaler for demonstration. (Your local pharmacist may help you with this.)
8. Pharmacy labels – may be simulated on sheet of paper.
9. Flip chart and markers (optional).
10. Clean wipe for cleaning medicine bottles if needed.
11. Pharmacological reference material available at your school.

Video and Handout Material:

A video, developed by Amanda Rowe, School Nurse in Portland and the Maine Department of Education (DOE), is available from the School Nurse Consultant, DOE at (624-6688). The Handout for participants is available at the Maine School Health Manual web site www.maine.gov/education/sh/contents.htm under Medication Administration.

The Training Manual is segmented into four sections to correspond with the Medication Administration Video and the contents are based on the recommended training content areas identified in the Department of Education Rule, Chapter 40, for Administration of Medication in Maine Schools.

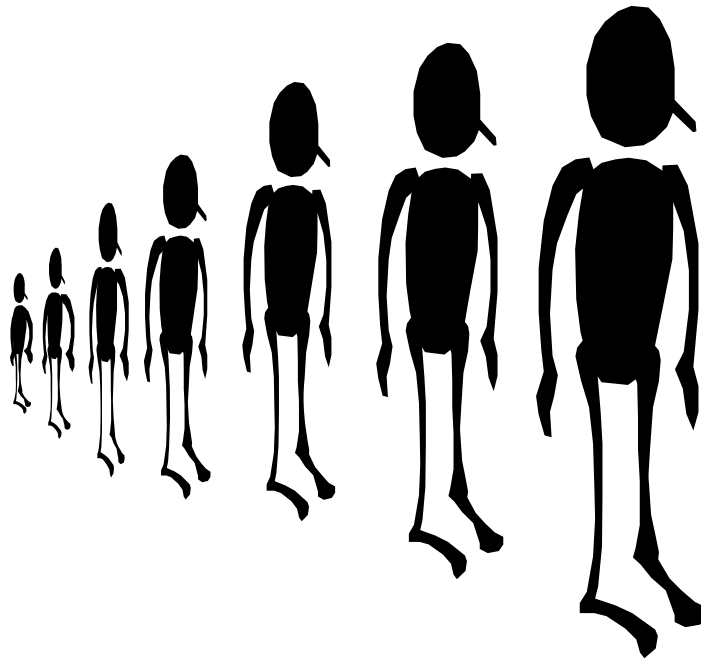
The four sections are:

- I. Law, Resources, and Anatomy,
- II. Identification and Documentation,
- III. Technique of Administration of Medication, and
- IV. Troubleshooting

▽ Symbol indicates area for interaction and participation of participants.

Adult Learning Styles:

Consideration of individual learning styles of participants is important when offering training to adult learners. Providing both oral and visual information does increase the likelihood that the information will be understood and retained. Providing handouts using common terminology is encouraged. Opportunity for hands-on practice, modeling, role playing and participant interaction will enhance and help clarify materials presented. Make sure there is ample opportunity for questions and answers.



Introducing the Training

Start by providing an overview of the training, both in content and length. The recommended length of this training is from 4 to 16 hours, depending on the competence and experience of the participants. School policies and procedures vary from school to school; therefore, the training provided must be adjusted to comply with specific school practices.

To begin, ask the participants to express their personal goals for learning and their fears and concerns about administering medication. These may be placed on a flip chart. Keep these comments in mind as you conduct the training and be sure they are addressed.

SECTION I. – LAWS, RESOURCES, AND ANATOMY

LAW: POLICIES FOR ADMINISTRATION OF MEDICATION, INCLUDING LEGAL AND ETHICAL RESPONSIBILITY

Maine Law: PL Chapter 669, “An Act to Require the Training of School Personnel Who Administer Medications,” Title 20-A: Chapter 3: § 254: 5.

- This law requires public or approved private schools to have a written local policy and procedure for administering medication.
- The school policy must include the requirement that all unlicensed personnel who administer medication receive training before receiving authorization to do so.
- Provisions in the statute will be a requirement for school approval.
- School policy must allow students to possess and self-administer asthma inhaler or epinephrine emergency medication when there is written permission from the parent/guardian and health provider to do so and when the school nurse has evaluated the student’s ability to self-administrate the medication.
- This law provides authority for trained unlicensed personnel to administer medication.

DOE Chapter 40 Rules for the Administration of Medication in a School Setting

- The Department of Education Rule specifies components of the training that unlicensed school personnel must have before administering medications.
- It requires a school policy on the administration of medication.
- The policy/procedures must be developed to assure safe practice for medication administration.

Title 20-A: Education § 4009:4

- This statute states that any unlicensed agent or employee of a school or district who renders first aid, emergency treatment or rescue assistance to a student during a school program may not be held liable for injuries or death resulting from an act or omission in rendering that help.
This excludes willful, wanton, or reckless acts.

Confidentiality (FERPA)

- Schools must comply with the Family Educational Rights and Privacy Act (FERPA). FERPA specifies when student health information may be shared and when it may not.
- FERPA allows parental access to their child's educational record.
- FERPA protects the confidentiality of student health information. Student health information must be kept private except for situations "where disclosure serves a compelling purpose", is required by law or when parental permission is obtained.

Field Trip Policy

- School nurses must adhere to the Field Trip Policy (Appendix) as agreed upon by the Maine Board of Pharmacy for dispensing medication from the original pharmacy bottle to a smaller container/envelope provided for a student's field trip.

Local School Policy – Specifies local SAU policy on medication administration.

Requirements for Unlicensed Staff

Unlicensed school personnel must receive training to administer medication in school before giving medications.

Unlicensed school personnel must review, understand and follow their school district's medication administration policy.

Unlicensed school personnel must receive oversight from the school nurse including periodic reviews and updates.

Students have a right to have their health information kept confidential. All health information of a student must remain confidential. Health information may not be shared with others in the school unless there is legitimate reason, such as a health emergency. Be aware that others may overhear your conversations with students.

▽ Review and discuss your school district's policy on administration of medication, including any implications, process, procedures, and where the policy can be found.

HOW TO USE RESOURCES:

- Review your school's emergency manual/procedures, including where the manual is located in the school and how it should be used.
- Participants should know how to call 911 (or if not available, contact emergency services) from the school telephone system and how to contact poison control. Both numbers should be on all school telephones.
- Review when the school nurse or child care health consultant should be consulted:
 - It is recommended that the first dose of a new medication not be given at school.
 - When the student refuses to take the medication.
 - Change in prescription or new prescription.
 - Unusual signs or symptoms observed or expressed by the student.
 - Unusual concerns expressed by the parent/guardian.
 - Concern the unlicensed personnel may have.
- Review possible alternative resources:
 - i. Parents of student,
 - ii. Pharmacist,
 - iii. Health care provider,
 - iv. Poison Control Center,
 - v. Emergency Medical Services (EMS),
 - vi. Books and other resources.
- Review the school's pharmacological reference materials and other community resources.

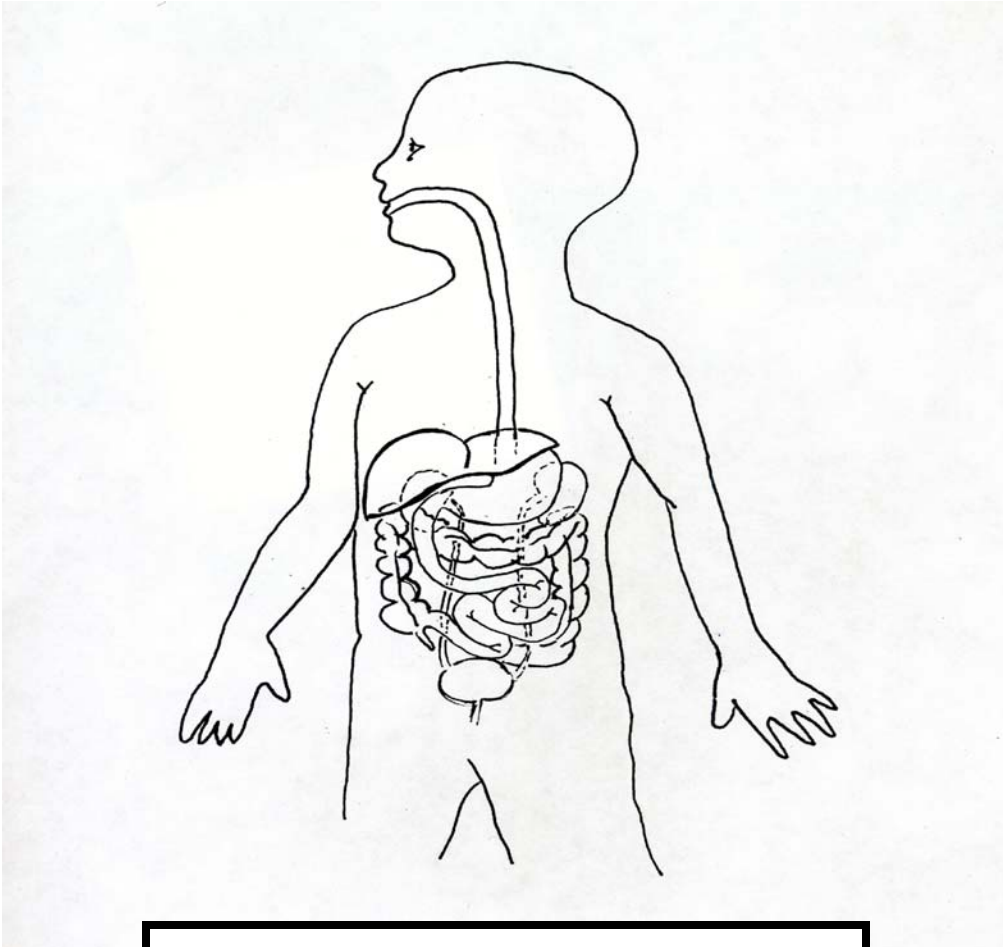
▽ Develop typical scenarios from your school so participants may practice:

1. What resources to turn to in an emergency.
2. When the school nurse should be contacted.
3. How to find pharmacological information.
4. Discuss other commonly used community resources.

Allow groups of 2 – 3 participants to discuss these scenarios and then discuss as a group.

BASIC ANATOMY AND PHYSIOLOGY RELATED DIRECTLY TO THE ADMINISTRATION OF MEDICATION

- Review the anatomical systems for medication absorption including gastrointestinal system/digestive tract for oral medications, respiratory system, and eye, ears, nose, and throat.
- Discuss how some medications are absorbed differently. Some drugs are more effective and absorbed better without food, others should be given with food to avoid stomach upset.



▽ Review anatomy charts (optional).

• End of Section I

Should have reviewed:

- Local medication policy
- Local community resources
- Procedures for accessing school nurse
- Anatomy chart

Section II

The Identification and Documentation of Medication

Classification and Common Medication:

Classification of Medication

- Discuss the difference between generic and brand name medication.
- Discuss the difference between prescription and over-the-counter medications.

Controlled Substances

- Discuss Federally controlled medication:
- Schedule II (ex. Codine, Ritalin)
- Schedule III (ex. Tylenol with Codine)

There are five (5) categories or schedules of drugs based on their potential to cause psychologic and/or physical dependency as well as their potential for abuse. They range from Schedule I for substances with a high abuse potential and no current approval for medical use (e.g. heroin, marijuana, LSD, etc.) to Schedule V for substances containing limited amounts of certain narcotic drugs (antitussives and antidiarrheals). Dexedrine, amphetamine, and methylphenidate are Schedule II substances.

Recognition of Medication:

- Review the most common medications administered at your school – the purpose, common side effects, and length of time the student should be observed after taking the medication. You may wish to review the health problems for which these medications are taken.
- **When a new medication, that has not been included in training, is to be administered by an unlicensed personnel, the school nurse must provide specific training about that medication.**
- Before administering a medication, the unlicensed personnel should know the name of the medication, its purpose, and common side effects.

Several common medications administered in the school setting are:
(Not all side effects are included.)

Antibiotic:

Amoxicillin

Purpose: Bacterial infection

Side effects: rash, diarrhea, allergic reaction.

Asthma:

Albuterol. (Ventolin, Proventil), Metaproterenol (Alupent, Metaprel)

Purpose: Bronchodilator

Side effects: tremor, nausea, tachycardia, palpitations, nervousness, increased blood pressure, dizziness, headache, irritated throat, and epistaxis.

Maxair (Pirbuterol acetate)

Purpose: Bronchodilator

Side effects: arrhythmia, hypotension, hyperactivity, diarrhea, dry mouth, anorexia, bad taste, abdominal pain, rash, and edema.

Cromolyn sodium (Intal), Nedocromil (Tilade)

Purpose: Nonsteroidal Anti-Inflammatory

Side effects: dry mouth, tremors, vomiting, diarrhea, nervousness, insomnia, headache, and increased heart rate.

Corticosteroids (Prednisone, Prednisolone, etc.)

Purpose: Anti-inflammatory

Side effects: dry mouth, tremors, vomiting, diarrhea, nervousness, insomnia, headache, and increased heart rate.

Allergy:

Antihistamines (Hismanil, Dimetane, Chlor-Trimton, Perlactin, Dimetapp, Dramamine, Benadryl, Claritin, Phenergan, Pyribenzamine, etc.)

Side effects: drowsiness, confusion, and nervousness.

Mental Health: (Many of these drugs are Schedule II)

Adderall (Amphetamine Sulfate)

Purpose: Attention Deficit Hyperactivity Disorder (ADHD) and narcolepsy

Side effects: loss of appetite, weight loss, insomnia, headache, dry mouth, and nausea.

Clonidine

Purpose: ADHD, other mental health disorders and hypertensive

Side effects: constipation, dry mouth, fatigue, drowsiness.

Dexedrine (Dextroamphetamine Sulfate)

Purpose: ADHD, narcolepsy, obesity (short-term)

Side effects: agitation/irritability, insomnia, dry mouth, headache, nausea, weight loss.

Dextrostat

Purpose: ADHD and narcolepsy

Side effects: loss of appetite, insomnia, headache, dry mouth, nausea.

Ritalin (methylphenidate):

Purpose: ADHD and narcolepsy

Side effects: joint pain, nervousness, insomnia, reduced appetite, nausea, abdominal discomfort, headache, dizziness, rapid heart palpitations.

Over-the-counter:Ibuprofen (Advil, Nuprin, etc.)

Purpose: non-steroidal anti-inflammatory to treat mild pain

Side effects: stomach upset/irritation, nausea/vomiting, constipation, and diarrhea.

Acetaminophen (Tylenol)

Purpose: mild pain relief and reduce fever.

Side effects: Liver damage.

Remind participants that over the counter drugs are not completely safe.

Emergency Medications:Epinephrine (Epi Pen)

Purpose: Used in an emergency to treat or prevent anaphylaxis. May be self-administered.

Glucagon

Purpose: used in an emergency in which a diabetic person is hypoglycemic and unresponsive.

Other medications based on your school's experience.

Include any additional medication that is commonly administered in your school and include any other medication that the participants will be expected to give that is being administered in the school.

Drug Interaction

Explain that the greater number of medications given to a student, the greater the chances of medication interaction.

Some medications will interact with food. It is important to read and understand the pharmacy label.

READING PRESCRIPTIONS, INCLUDING ABBREVIATIONS

- Medication should not be given unless it is in its original container.
- Do not give a medication if you cannot read and understand the label.
- Participants should understand the difference between generic drugs and brand name drugs. Generic drugs have the same medication as brand names though different companies may make them. Example: acetaminophen as generic and Tylenol as brand name.
- Review with the participants how to read the medication label. Note carefully the student's name, name of medication, directions for use, and expiration date. (**See Handbook for diagram.**)

Read the label three times:

1. When taken from the shelf,
2. Before administering,
3. Before returning to the shelf.

Review common abbreviations: (Those in bold are more commonly used.)

a.c.	before meals	per	by
bid	twice per day	po	by mouth
c	with	prn	as necessary
caps	capsule	q	every
dx	diagnosis	qid	4 times per day
GI	gastrointestinal	q.d.	every day
Gm	gram	q2hrs	every 2 hours
gr	grain	q.s.	as much as needed
gtt	drop	s	without
GU	genitourinary	sc/SQ	subcutaneous
med	medication	sol	solution
mg	milligram	stat	immediately
ml.	milliliter	syr	syrup
nsg.	nursing	tab	tablet
O.D.	right eye	tid	3 times per day
O.S.	left eye	wgt	weight
O.U.	both eyes	tinc	tincture
p	after	ung	ointment
p.c.	after meals		

▽ Distribute bottles of medication or sheets with simulated labels to participants. Participants must demonstrate their ability to read the label, demonstrate how to compare the label with the student health record, and demonstrate an understanding of how to give the medication based on the directions on the label.

Documentation:

Review the policy and procedure in your school system for documenting administration of medication.

- Demonstrate how the documentation is to occur and what is to be included.
- Documentation should include the student name, medication, date, time given, route and signature.
- Stress the importance of immediately documenting the administration of the medication.

- Documentation must be in ink, be legible, and follow parameters of legal documentation.
- Indicate how to document signs, symptoms, or problems that may unexpectedly occur.
- Document any other relevant situation (e.g. symptoms, refusal to take medication.)
- Describe how to document an error.
- The personnel who gave the medication should be responsible for the charting of that medication.
- Controlled substance should be charted on a perpetual inventory sheet, counting the medication when it arrives at school and counting and documenting the count with each dose administered.

▽ Distribute practice flow sheets and form for controlled substances. Provide a scenario for them to document. Assure that participants clearly understand how to document.

End of Section II



Review should have included:

- Commonly used medication
- Common abbreviations
- School's documentation form
- Practices reading labels and documents

Section III

Techniques for Administering Medication

Review The Rights of Students to Receive Appropriate and Safe Medications

- 1. The Right Student**
- 2. The Right Medication**
- 3. The Right Dose**
- 4. The Right Time**
- 5. The Right Route**

SCHEDULING AND TIMING OF ADMINISTRATION OF MEDICATIONS.

- Stress the importance of reading and following the label instructions.
- Medication should be given within 30 minutes either side of the prescribed time. If outside of this time-period, contact the school nurse. If the school nurse is not available, contact the parents.

▽ Brainstorm ways to assure that medications are given on time.

Review Signs and Symptoms of an Allergic Reaction (not inclusive):

Review

- Itching and swelling of the lips, tongue or mouth,
- Itching/sense of tightness in the throat, hoarseness, hacking or repetitive cough,
- Shortness of breath, trouble breathing, wheezing,
- Hives, itchy rash, rash over body, swelling about the face or extremities,
- Nausea, abdominal cramps, vomiting, diarrhea,
- Loss of consciousness, fainting.

When the School Nurse Should be Contacted:

Provide information about when the school nurse should be contacted. Unlicensed staff should be encouraged to contact the school nurse when they believe something is out of the ordinary, when they have concerns that something just isn't right, or when they are not sure whether to administer the medication. They should be encouraged to contact the parent if the school nurse is not available.

They should contact the school nurse when:

- New medication is received at school or a change in dose,
- Medication label can not be read clearly or they do not understand what it says,
- Medication does not appear to be correct – not the same as usual,
- Student refuses the medication,
- Student has unusual systems after taking the medication,
- A medication error has been made.

METHOD OF ADMINISTRATION, INCLUDING MEASUREMENT OF DOSES AND SELF-ADMINISTRATION

- Medications that can be administered by unlicensed personnel include oral medication, nose, eye and eardrops, topical medications, and inhalants.
- It is recommended that, with the exception of an emergency situation, a licensed professional nurse administer injectable and rectal medications.
- As described earlier, the certified school nurse may not provide oversight to a unlicensed personnel when the task requires independent, specialized nursing knowledge, skill, or judgment.

1. Self-administration:

- The school district must develop policy on possession and self-administration of asthma inhalant and epinephrine emergency medication. A written permission from the parents and health care provider are required. The school nurse must evaluate the competency and reliability of the student in self-administration.
- The student's school health record should indicate when a student is able to self-administer a medication and to what extent. The record, in accordance with school policy, should indicate if the student might keep the medication with them to take as they need or if the medication should be stored at the nurse's office to assure oversight by the school nurse or trained personnel. In the latter case, the medication would be retrieved and the student observed taking the medication.
- The student should be instructed to notify the nurse or nurse's office when the emergency medication is self-administrated.

Other considerations

- Do not give medications from another student's container.
- A student may refuse to take a medication; they should not be forced to do so. The school nurse and/or parent must be notified.
- Do not take a verbal order from a physician or parents. The permission and order must be in writing.

PREPARATION AND ADMINISTRATION

When giving a medication, the following should occur regardless of the type of medication given.

1. The same person should give medications every day.
2. Assure privacy and confidentiality of student.
3. Give this task your full attention.
4. Assure the work area is clear and well lit.
5. Prepare medications for one student at a time.
6. Medications should be given within 30 minutes of the scheduled time.
7. Ask the student his/her name and what medication he/she is to be getting.
8. Check the student's medication record and check the student's picture on the health record.
9. Review the health/medication record for medication to be given.
10. Wash hands.
11. Explain the procedure to the student.
12. Retrieve medication from secured storage area, checking label for name, medication, time, route, and dose.
13. Check the expiration date. The school nurse should be alerted if it is expired and it should not be given.
14. Double-check the label and compare with the student medication record. Read label for instructions.
15. Remove the medication lid and place it top down so as not to contaminate the inside of the lid.
16. Do not give the medication if it is contaminated.
17. Do not leave the medication unattended.
18. When finished giving the medication, store appropriately in a locked storage area. Check the student name when storing.
19. Observe student for unusual symptoms.
20. Wash hands.
21. Record immediately per school procedure, the student's name, time, medication, dose, route, person administering the medication, and any unusual observations.

Oral Medications:

Syrup, elixir, solutions, suspensions, and tablets.

Sublingual – put under the tongue to be dissolved completely.

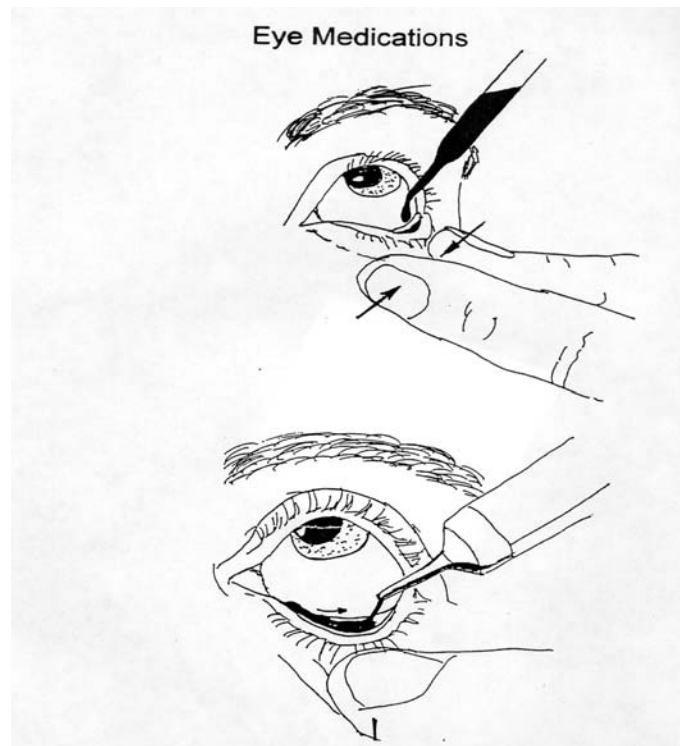
Buccal – medication is placed between cheek and gums.

1. Follow the directions on the medication label before removing the lid (ex. shake well).
2. For tablet or capsule, hold lid or medicine cup in your hand, putting the correct dose in the lid/cup. (Do not pour out tablets or capsules into your hand.)
3. Provide a glass of water unless directed not to.
4. For liquid medicine, pour into a medicine cup from the side of the bottle opposite the label. Wipe the bottle with clean wipe when finished.

5. Give to the student and observe them taking medication.
6. Observe the student for any unusual signs.

Medication to the eye

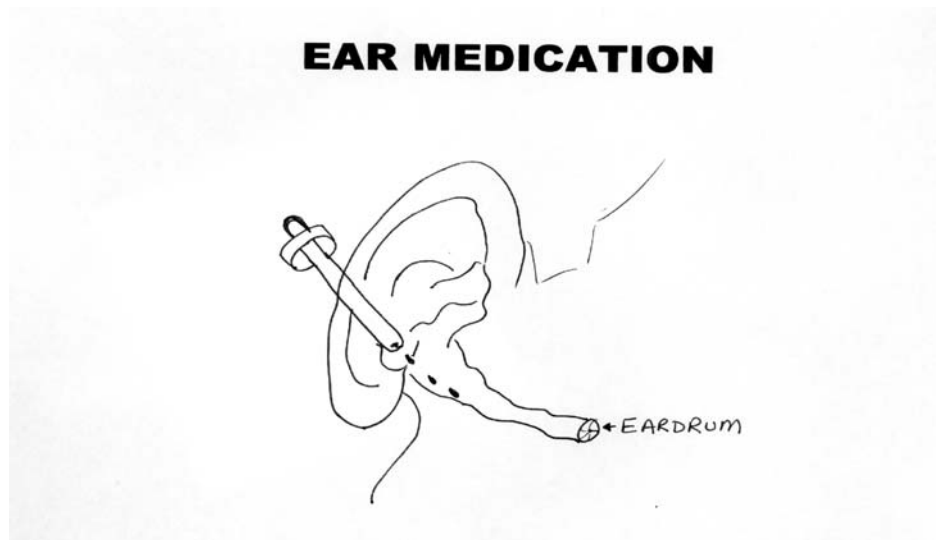
1. Put on gloves.
2. Gently wash exudates from the eyelid.
3. Follow the directions on the label.
4. Loosen the lid and squeeze to fill dropper.
5. Do not touch the dropper tip to the eye or to other surfaces.
6. Position the student lying down or sitting with head tilted back.
7. Gently pull lower eyelid down to form a pocket/sac – may hold cotton ball in this hand.
8. Apply the medication into the pocket/sac holding dropper about ½ inch above the sac. Do not touch the eye with the dropper. You may brace your hand on the student's nose or cheek. If using ointment, place the ointment into the pocket from inner to outer eye.
9. Replace the dropper.
10. If using a dropper, gently wipe the eye with a cotton ball from the inner eye to the outer eye. For ointments, press the tear duct gently with a cotton ball for half a minute to decrease tearing and increase absorption of the medication.
11. Have the student keep eye closed for 2 minutes.
12. Tell the student their vision may be cloudy for a short time.



Medications to the ear

1. Warm the medication in your hands a few minutes.

2. Follow the directions on the label (ex. shake).
3. Loosen the dropper lid and squeeze to fill dropper to the desired amount.
4. Ask the student to tip head sideways or to lie down with affected ear up.
5. Pull earlobe up and out for adult sized youth and down and back for children.
6. Hold dropper ½ inch from ear, not touching the ear with the dropper. Squeeze in prescribed dose.
7. Ask the student to stay in the same position for a minute or two to assure the medication is dispersed in the ear canal. A cotton ball may be placed in the ear.



Topical medication

1. Administer a thin coat of the medication with gloved hand or with a tongue depressor.

Nose drops/spray

1. For drops, have student tip their head back or have them lie down with pillow under their shoulders with head back.
2. Place the dropper slightly in the nostril and administer the correct number of drops. Do not touch the dropper to the nostril.
3. For nasal spray, insert nozzle about a half inch into the nose and spray as directed.
4. Have student remain in this position for a few minutes to assure that the medication reaches the upper nasal passages.

Inhaler

Inhalant medication varies depending on the type of inhaler. The specific instructions must be read carefully. Below are general instructions.

1. Be sure the canister is firmly inserted into the container.
2. Have the student stand.
3. Shake inhaler well and remove the cap.
4. Use of a spacer or holding chamber is preferable, especially for younger students.
5. Have the student exhale completely.

6. With a spacer, the student should close their lips around the mouthpiece. Without a spacer, have them open their mouth wide, hold the inhaler 2 fingers away from their mouth. Do not put into their mouth.
7. With mouth open, have the student take a slow, deep breath through their mouth, and at the same time firmly press down on the canister to administer the dose.
8. Have student hold their breath for 5 – 10 seconds as able.
9. Replace cap on medication.
10. Use the bronchodilator inhaler before using inhalers containing Intal or steroids.
11. Have student rinse mouth after steroid inhaler.
12. If a second dose is to be given, wait 2 minutes.
13. Clean the spacer mouthpiece with warm water. Shake off excess moisture.
14. Allow to air dry completely before storing in a sealed plastic bag.
15. Monitor the student for changes in respiration.
(Refer to “Student Asthma Management Skills Competency Assessment Form”)

Emergency medications:

Several emergency medications should be available and participants should be instructed in their use if appropriate and if within the school’s policy. There must be clear school policies on how medical emergency situations are handled. Information on administering emergency medications can be provided to unlicensed personnel if their administration is in compliance with school policy. In an emergency, first instruct someone to call for emergency services.

Epinephrine (EpiPen) – for severe allergic reactions when breathing is impaired.

1. Assure the EpiPen is the correct dose for the student. Double check label.
2. Pull off the safety cap.
3. Place the tip of the EpiPen at a right angle to the outer thigh (may administer through clothing).
4. Press the EpiPen hard into the thigh until the auto-injector function, holding in place for 10 seconds.
5. Remove.
6. Monitor breathing.
7. Discard in biohazard container.

Glucagon – for emergency insulin reaction where a student with diabetes is unresponsive – if possible, school nurse or physician should be consulted before giving.

1. Gather the Glucagon kit that should include alcohol swabs, emesis basin, syringe and medication.
2. Remove seal from the bottle.
3. Wipe the rubber stopper of the bottle with alcohol swab.
4. Remove the cap from the syringe, not touching the needle.
5. Plunge needle into bottle, pushing all the fluid from the syringe into the bottle. Without withdrawing the needle, gently shake the bottle until the powder is dissolved.
6. Turn the bottle upside down and withdraw the medicine as directed.

- Remove the syringe from the bottle, remove any air from the syringe and recap the syringe.
8. Clean a 2-inch area on the upper arm with the alcohol swab.
Remove the syringe cap.
 10. Gently grasp the arm around the cleaned area with the opposite hand from which you will administer the medication.
 11. Insert the needle at a 90-degree angle and push in all the medication.
 12. Count to 10 and remove the needle.
 13. Have the student lie on side with emesis basin and expect the student to vomit.
 14. Monitor for seizures and breathing.
 15. If fully awake, feed fast acting foods such as orange juice or regular soda.

Medication Errors:

Review what to do when a medication error is made. An error includes: *wrong medication, wrong time, wrong student, wrong dose, or wrong route of administration.*

- Contact the School Nurse immediately.
- Contact the parents if the School Nurse is not available.
- Document the error.

▽ Demonstrate the proper procedure for pouring both tablet and liquid medication. Distribute medication bottles with small edible ingredients, both solid and liquid, simulated student health records, and medicine cups. Bottles of medication for eye and ear can be filled with water to demonstrate measuring but should be emptied before practicing. Demonstrate the administration of emergency medication. Each participant must demonstrate successfully his or her ability to follow the procedures outlined above.



HOUSING, STORAGE OF MEDICATIONS, TRANSPORTING, DISPOSAL

- The participants should understand the importance of proper transport and storage of medication.

- Medication should be delivered to the school in its original container by the student's parent/guardian.
- Only a limited supply should be kept at school.
- When a new medication is delivered by a parent/guardian, the school nurse must review or be contacted to assure compliance with appropriate nursing care plan.
- A completed parent permission form, medication permission form, and a written order or appropriately labeled medication must accompany the medication. (A written health care provider order is required for medications given for 15 consecutive days or greater.)
- Medication must be stored in a secure, safe, and locked location according to directions. Scheduled drugs should be stored in a double-locked area.
- A secure, locked safe refrigerated area must be available for medication requiring refrigeration.
- Medication for field trips must also be transported in its original container or in the medication envelope authorized by the Maine Board of Pharmacy and filled and labeled by the school nurse. All staff responsible for administering medications, even those on field trips, must be trained.
- At the expiration date of the medication or at appropriate intervals (ex. end of school year), it is the school nurse's responsibility to assure that medication not retrieved by the parents should be disposed of according to the school policy and for scheduled drugs, according to the Board of Pharmacy policy.

Legislation passed in 2005, established the Unused Pharmaceutical Disposal Program to ensure the safe, effective and proper disposal of unused pharmaceuticals. The Maine Drug Enforcement Agency is required to create a system for the return of unused pharmaceuticals using a prepaid mailing envelope into which unused pharmaceuticals can be placed and returned. The envelopes are to be available at pharmacies, physicians' offices and the post office.

▼ Have the participants demonstrate how to retrieve medications from the storage area, demonstrate an understanding of the school policy on transporting medication with students on field trips, and demonstrate that they understand the policy regarding medication administration and disposal.

CHARACTERISTICS OF CHILDREN: GROWTH AND DEVELOPMENT

Normal growth and development milestones can affect student's acceptance of taking medication.

- Students do not want to be considered as 'different' than their peers; they wish to be like their peers.
- Challenging authority and seeking independence, are normal developmental tasks.
- Students may deny the seriousness of their health problem and reject the need for medication.
- A feeling of omnipotence – risk-taking behavior – is normal adolescent behavior.
- Narcissistic behavior is also a normal developmental stage of adolescence.

Other issues to consider:

- Children can react differently to medications than what is expected; therefore, the first dose of a new medication should be given at home, not at school.
- Children with special needs may have issues that require special consideration. They may take longer to complete the task of taking their medications and may need repeated instruction. The School Nurse should provide specific tips or instructions for individual students with special needs where applicable.
- Generally, the more visible the illness or health problem, the more accepting students are of the treatment. Students with less visible conditions may not want their peers to know of their health problem for fear of being labeled as different. Confidentiality is important.

To reduce the impact of normal developmental factors interfering with taking medication:

- Assure confidentiality and privacy (ex. – how to call students to the office, seek a private space that can be used with the student).
- Clearly explain the need for and process of taking the medications to assure the student understands.
- Provide special rewards for students who comply well.
- Seek out the student if they did not come to the office.
- Encourage the student to be part of their health care. Be flexible in giving some control to student when possible. They should be aware of the medications they are taking, the purpose for the medications, what the medication looks like, and what to do if side effects should occur.

▽ Discuss with the participants ways to reduce non-compliance.

End Session III

Section IV

Troubleshooting

Review:

- Practice role play found in Appendix.
- Review documenting medication error.
- Discuss actual situations that have happened in your district and brainstorm solutions.

End of Training

Certification of Attendance Form:

In order to obtain the Certification of Attendance form, the participant must:

1. Attend the full training session.
2. Be able to successfully repeat the demonstration on administering medication including all appropriate steps.
3. Understand all the steps in administering a medication.
4. Understand what actions to take in an emergency.
5. Understand the school's policy on medication administration.
6. Be able to recognize when a medication should not be given.
7. Recognize side effects of medications.
8. Understand the limits of their role and when to contact the school nurse.
9. Understand the importance of confidentiality of student health information.

Complete a Certification Form indicating the number of training hours received and provide to each participant.

Submitting an evaluation form for participants to complete will assist in improving the training program.

Record Keeping. It is the school nurse's responsibility to keep a record of those unlicensed personnel that have been trained, when the training occurred, and the number of training hours received. It is also the responsibility of the school nurse to provide periodic updates and refreshers to those administering medications. Complete a competency checklist for documentation.

Reference Books recommended:

Physicians Desk Reference

Pocket Guide to Prescription Medications

Teacher's Drug References, Medication Teaching Aid

Web sites for reference materials:

NASN Delegation of Care Position Paper - www.nasn.org/briefs/delegation.htm

MSRA Title 20-A, Chapter 3 § 254 #5 – Medication Administration for schools - <http://janus.state.me.us/legis/statutes/20-A/title20-Asec254.html>

DOE Rules Chapter 40 - Administration of Medication in Maine Schools - <ftp://ftp.maine.gov/pub/sos/cec/rcn/apa/05/071/071c040.doc>

MRSA Title 20-A, Chapter 201 § 4009, #4 Civil Liability - <http://janus.state.me.us/legis/statutes/20-A/title20-Asec4009.html>

MBON Rules Chapter 6 Oversight of Unlicensed Assistive Personnel - <ftp://ftp.maine.gov/pub/sos/cec/rcn/apa/02/380/380c006.doc>

Eye Anatomy - <http://www.stlukeseye.com/Anatomy.asp>

Ear Anatomy <http://www.enchantedlearning.com/subjects/anatomy/ear/>

APPENDIX

Possible Scenarios for role- playing
Sample Medication Sheet
Field Trip Policy
Sample Pharmacy Labels
Competency check list
Participant Evaluation
Certification of attendance

Possible Scenarios for Role-Playing

- The correct medication is given to a student at the correct time. Shortly after, the student returns complaining of difficulty breathing. What should you do?
- A parent brings in an antibiotic that the student was just prescribed and the mother requests that you start the medication as soon as possible. What do you do?
- A parent calls to tell you that her child went to the physician's office and the medication dose was doubled. The prescription was taken to the pharmacist but she cannot get the medication to school until tomorrow. She requests that you give the student two pills instead of one today. What do you do?
- There are brothers getting the same medication except one receives a dose of 10 mg and one 5 mg. The medication for the brother receiving a 10 mg dose has been used up. Mother calls to ask you to give her son two 5 mg tablets from the brother's supply just for today. What do you do?
- The phone is ringing, the principal asked you to retrieve a file, a student is waiting for a pass, and the meds are due to be given. What do you do? After the meds have been given, you realize that you gave Jon Jones's medication to John Jensen. What do you do?
- A student brought in a new bottle of medication that she had been receiving at school for some time. You check and see the prescription is the same, the dose is the same but the pills look different from what you remember. What do you do?
- A student came to get her medication. When she got to your office, she complained of a stomachache. What do you do?
- A student came to school with his medication wrapped in tin foil. What do you do?
- A student came to school with her father's inhaler. What do you do?

MEDICATION ADMINISTRATION LOG FOR THE YEAR

Student Name: School: Grade: Teacher: Room

Medication: Physician: School Year:

Dose: Record date, time, and your initials in the box. Place initials and signature once on lines at bottom.

Time to be Administered: Document treatment for low and high blood glucose results on the back or in student's health record.

	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI	MON	TUE	WED	THR	FRI
July																									
Aug																									
Sep																									
Oct																									
Nov																									
Dec																									
Jan																									
Feb																									
Mar																									
Apr																									
May																									
Jun																									

A = ABSENT R = REFUSED N = NO SCHOOL

Initials Signature Initials Signature Initials Signature

sample Pharmacy Labels for training.

Julia Roberta M.D.
All Well Pediatric Associates
1683 Healthy Drive
Wherever, Maine 04000

Date: September 30, 2001

For: Tiny Tim
14 Willow Street
Everywhere, ME 04001
123-456-789

Rx Amoxicillin susp. 250 mg/5mL.
Disp. 150 mL
Sig: 1 teaspoon PO Q 8 hr x 10 days

Refills: 0

Provider Signature
Provider License #

Billy Bob PA
Doright Medical Center
5 Straight Drive
Youarehere, ME 04002

Date: November 30, 2001

For: Susie Q. Fine
6 Ocean Drive
Atlantic, ME

Rx: Methylphenidate Hydrochloride
30 tab. 5 mg.
Sig: 1 tab. Tid

Refills: 3

Providers Signature
Provider License #

Field Trip Policy for Administering Medication

1. Any unlicensed personnel administering medications must hold documentation of their training in the administration of medication, including personnel administering medication on a field trip.
2. There must be written permission from the parent/guardian providing consent to administer the medication in school and a written physicians order and/or an appropriately labeled original medication container.
3. Either a standardized preprinted medication label or preprinted envelope containing the information described below or medication in its original container will be used for students attending a field trip.
4. When using a preprinted label or preprinted envelope, the school nurse shall transfer the prescribed amount of medication needed for the field trip from the original medication container into the approved envelope and fill in the appropriate information on the envelope.
5. The envelope will be provided to the trained personnel for administration during the trip. The school nurse will provide a review of the medication and its administration to the trained personnel on an as needed basis. All trained personnel administering medication must understand what to do in an emergency.
6. The medication will be transported and stored in compliance with any special directions for the medication and will be secured as safely as possible.
7. The administration of medication on a field trip will duplicate as much as possible, the guidelines found in the "Guidelines for Training of Non-Licensed Personnel in Medication Administration". This will include consideration of student privacy and cleanliness of area where medications are administered.
8. Medication will be administered to the student to assure that the right student receives the right medication, with the right dose, at the right time, by the right route. The trained personnel administering the medication will double check the student with the medication label and will double check the dose. The medication will given within 30 minutes either side of the prescribed time.
9. Each school district will develop a method of documenting medications administered on the field trip, recording any unexpected occurrences, and a method of returning any medication not administered.

The medication envelope or label will contain the following information:

1. Date to be administered.
2. Name of the student.
3. Name of medication.
4. Dose to be given.
5. Time to be given.
6. Physician prescribing the medication.
7. Special directions.
8. Phone number of school nurse.
9. Emergency directions.

DATE ADOPTED: October 29, 2001

Sample Checklist for Competency of Unlicensed School Personnel in Medication Administration

Name _____ Position _____
Date _____

Task	Successful	Needs Assistance	Not Successful
1. Understands school policy on medication administration			
2. Knows action to take in emergency			
3. Knows when to contact the school nurse			
4. Demonstrates ability to read & understand med. labels			
5. Demonstrates ability to document medications given			
6. Understands 5 student rights.			
7. Demonstrates ability to give oral medications			
8. Demonstrates ability to give eye drops			
9. Demonstrates ability to give ear drops			
10. Demonstrates ability to give epinephrine			
11. Demonstrates ability to give Glucagon (if appropriate)			
12. Understand when a med. error has been made and how to respond.			
13. Feel comfortable in role of administering medications.			

Comments:

Trainer _____
Date _____

Sample Evaluation

Session: Administration of Medication Training

Date: _____

School: _____

Position: _____

Please rate today’s training on a 1 to 5 scale with 1 being not true and 5 being very true.

	1	2	3	4	5
The training provided me with the skill to administer medications to students.					
The presenter was well prepared.					
The material presented was clear and understandable.					
I have a good understanding of my role in administering medications.					
I feel comfortable in my role of administering medications.					

What I found most useful in the training was:

What I would change about the training is:

I would like additional training on:

CERTIFICATE OF ATTENDANCE

ADMINISTRATRION OF MEDICATION IN A SCHOOL SETTING

Name of Attendee

School District

Date of Training

Hours of Training

Authorized Signature

Date

Trainer